1	2	3	4	5	6	7
24	Meghalaya	61	57	54	49	53
25	Mizoram	14	16	19	20	25
26	Nagaland	NA	NA	17	18	20
27	Sikkim	34	33	32	30	33
28	Tripura	34	32	32	31	36
29	Uttaranchal	41	41	42	42	43
30	A & N Islands	15	18	19	27	31
31	Chandigarh	21	19	21	19	23
32	D & N Haveli	56	54	48	42	35
33	Daman & Diu	42	39	37	28	28
34	Lakshadweep	25	26	30	22	25
35	Pondicherry	22	24	24	28	28

SOURCE : Sample Registration System, Registrar General, India.

Female sex ratio

1633. SHRI PENUMALLI MADHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the fall in the female sex ratio;

(b) the steps contemplated by Government such as campaigns, movements and other propaganda programmes to spread awareness among the people against female foeticide; and

(c) what is the outcome of Government's efforts during last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The Sex Ratio (SR) (number of females per thousand males) has increased from 927 to 933 from 1991 to 2001. However, the Child Sex Ratio (CSR) has declined from 945 to 927 during the same period.

Some of the reasons commonly put forward to explain the consistently low levels of sex ratio are son preference, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, higher maternal mortality and male bias in enumeration of population. Easy availability of the sex determination tests may also be proving to be catalyst in the process, which may be further stimulated by pre-conception sex selection facilities.

The Government has taken action on strengthening the Pre-Conception and Pre-Natal Diagnostic Techniques Act (PC and PNDT Act) as well as creating awareness on the issue through various IEC mechanisms. Some of the steps taken by the Government to improve the Child Sex Ratio in the Country are constitution of the Central Supervisory Board under the Chairmanship of Union Minister of Health and Family Welfare, whose function, *inter alia*, is to review and monitor implementation of the Act and rules made thereunder and recommend to the Central Government changes in the said Act and rules and to create public awareness against the practice of pre-conception sex selection and pre-natal determination of sex of foetus leading to female foeticide; constitution of the National Inspection and

Monitoring Committee for undertaking field visits periodically across the country, and constitution of the National Support and Monitoring Cell for effective implementation of the Act, training of Judiciary, publication of Annual Reports, Frequently Asked Questions (FAQs), On-Line Complaint facility on the Ministry's Website, organising sensitisation workshops/seminars, launching of 'Save the Girl Child' campaign, seeking cooperation from the NGOs/religious leaders, etc., Further, under the National Rural Health Mission, Auxiliary Nursing Midwife (ANM) and Accredited Social Health Activist (ASHA) are being sensitised on the issue. Also, funds have been provided to all States/UTs under the Rural Child Health programme for implementation of the Act and related activities.

New I-card to CGHS beneficiaries

1634. SHRI TARIQ ANWAR:
SHRI KAMAL AKHTAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has decided to issue new individual card to each member of the family of CGHS beneficiaries;

(b) if so, the details thereof and what are the reasons for this; and

(c) what are the salient features of this card?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) and (c) The individual plastic card shall have the name of the member and relationship *to Government employees/pensioner. Photo of each member and a unique serial number to* identify the card holder with linkage to the other members of family, entitlement of ward for treatment in CGHS empanelled hospitals. Individual card would enable family members to use the card conveniently. It enables availing of CGHS facilities in other cities; enable maintenance of medical history of CGHS beneficiaries. The data of CGHS beneficiaries would also be updated. This work is being done through National Informatics Centre Services Incorporated (NICSI), a subsidiary of National Informatics Centre (NIC).

Fraud in NACO programme

1635. SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the recent review of the World Bank of its second phase of National AIDS Control Programme (NACO) has listed a large number of fraudulent activities among the officials and the NGOs; and

(b) whether the World Bank had full access and involvement to/in every step of NACO projects funded by it and if so, whether Government would initiate an inquiry on the allegations leveled by the World Bank?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): *(a) and (b) The Detailed Implementation* Review Report by the World Bank INT Department did make certain allegations of bribery and fraud relating to giving of grants to NGOs by State AIDS Control Societies in the States